



AAA SCREENING SERVICE

Credit Records Waiver

I, _____, do hereby give full permission
(First Name - Middle Initial - Last Name)

to _____ and AAA Screening Service, Inc. to conduct a search
(Agent)

of my credit records. This form releases AAA Screening and above named Agent from any legal liability of reporting this information to the above named agent.

_____-_____-_____
Social Security Number

_____-_____-_____
Date of Birth

Current Address – (Street, City, State & Zip)

____/____/____
Date

Authorizing Signature